

STATE OF MAINE DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES OFFICE OF EMPLOYEE RELATIONS 79 STATE HOUSE STATION AUGUSTA, MAINE 04333-0079

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No.: 58 Addendum #7 **Date:** January 29, 2015

Subject: ELDER CARE REIMBURSEMENT PAYMENTS

To: All Holders of Employee Relations Manuals

From: Office of Employee Relations

Let this serve as a reminder that we are approaching the application period for elder care reimbursement. This benefit has only been negotiated for the MSEA contracts. Please direct any questions to your Human Resource Officer.

The following language applies to the 2013-2015 MSEA Bargaining Unit Contracts.

The relevant contract language is summarized below:

- **A.** Employees employed as of March 1 who meet the following criteria shall be eligible for a lump sum payment each year. Eligible employees may apply for this lump sum payment between March 1 and April 15 of each year. Payment shall be made within thirty (30) days of receipt of the completed application. Any application received after April 15 will be considered on a case by case basis and shall not be arbitrarily rejected.
 - **1.** Employed full time during the entire previous calendar year;
- **2.** Full-time State employees employed for more than six (6) months but less than twelve (12) months of the previous calendar year are eligible for this program on a prorated basis;
- **3.** Part-time and seasonal employees covered by this Agreement who have completed one thousand forty (1,040) hours of regularly scheduled work in any calendar year in which they qualify on a prorated basis; and
- **4.** Paid a minimum of five hundred dollars (\$500.00) for care for an adult (who is either the dependent disabled child or the parent or the parent-in-law of the employee) living in the same household so that the employee could continue his/her state employment during the previous calendar year.

- **B.** Employees must submit a copy of their Form 1040 and a copy of their receipt for elder care expenses for the previous calendar year to be eligible for reimbursement.
- C. Employees whose wages, tips, and other compensation from their W-2s and whose adjusted gross family income is less than \$28,000 for the previous calendar year shall be eligible for reimbursement not to exceed one thousand three hundred dollars (\$1,300.00). Employees whose wages, tips, and other compensation from their W-2s and whose adjusted gross family income is less than \$33,000 but more than \$28,000 for the previous calendar year shall be eligible for reimbursement not to exceed one thousand dollars (\$1,000.00). Employees whose wages, tips, and other compensation from their W-2s and whose adjusted gross family income is less than \$38,000 but more than \$33,000 for the previous calendar year shall be eligible for reimbursement not to exceed seven hundred dollars (\$700.00). In families with more than one family member working for the State, only one family member may apply for the Elder Care Reimbursement.

Prorated benefits are available for full-time employees who worked less than 12 months but more than six months during the previous calendar year, and for part-time and seasonal employees.

Payment shall be made within thirty (30) days of receipt of the completed application.

Note that this is a **reimbursement** program; under no circumstances is an employee to receive more than he/she spent on employment-related elder care.

APPLICATION PROCEDURE

Employee Responsibility

- 1. To be eligible, employees must be employed as of March 1 of the year in which reimbursement is to be paid.
- 2. The eligible employee must complete Section B of the Application Form and attach a copy of their 2014 Form 1040/1040A/1040EZ. If the employee is married but filing separate returns (and is <u>not</u> filing as Head of Household), then the Form 1040/1040A/1040EZ of the employee and the spouse must be attached.
- 3. A copy of the 2014 receipt for employment-related elder care expenses must also be attached. The copy of the receipt for employment-related elder care expenses **must** contain the following:

- a. period of time care was provided during the calendar year;
- b. the amount paid; and
- c. the name, address, phone number, social security number or state vendor identification number, and signature of the elder care provider.

Elder care reimbursement can be provided only if a receipt containing the required information is submitted.

4. The Application Form and attachments must be submitted to the Department/Agency Human Resource Office.

PROCESSING FOR PAYMENT

Departmental Human Resource Officer's Responsibility

The Departmental Human Resource Officer is responsible for completing Section A and for verifying that the information provided in Section B is accurate. The Human Resource Officer is also responsible for keeping a copy of the completed Application Form and the attachments on file and available. Two copies of the Application Form are to be submitted to Accounts and Control.

Accounts and Control's Responsibility

Accounts and Control is responsible for processing the elder care reimbursement payments. Applications will be processed for payment by Accounts and Control from March 1 through April 15 of each year. Applications received prior to March 1 will not be processed until March 1 or thereafter. Applications will not be processed after April 15 and all payments will be made by April 30.

All processing should be completed prior to April 15 of any year. None will be processed after that date without justification approved by Employee Relations.

Thank you.